



National American Indian & Alaska Native

ATTC

Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



Addressing Addiction

IN OUR NATIVE AMERICAN COMMUNITIES · VOL 7 ISSUE 3 FALL 2021

Recovering
from Substance
Use Disorders
During COVID-19



DIRECTOR'S CORNER



Welcome to the fall issue of the newsletter, Addressing Addiction in our Native American Communities, for Recovery Month, 2021. Celebrating recovery is so important to do often, and we want to highlight how Native communities manage recovery for their relatives. Unfortunately, the pandemic is not over and the Delta variant of COVID-19 is still seriously impacting Native communities. As a result, our theme for this newsletter is Recovering from Substance Use Disorders (SUD) during COVID-19.

In this issue, we will try to address the many issues facing our relatives in recovery. During the pandemic, many of us accessed recovery support services through virtual methods: telehealth, cell phones, and Zoom meetings with Indigenous relatives across the world. Our main article, written by Kate Winters, discusses how to stay healthy and sober through the pandemic and the resources people can access including those from the Health Resources and Services Administration (HRSA).

In this issue on recovery, we also want you to hear from Native clients and professionals on how they managed recovery. The interviews with relatives in recovery show us all how resilient Native community members have been through this pandemic and in general.

Our National American Indian & Alaska Native ATTC, under Steve Steine's management, has continued to offer series over Zoom to support Native American professionals through these very challenging times. The Winter Living series was intended for Native professionals to discuss and share how they could support clients with SUD during the dark and cold winter months. In addition, we have continued the Virtual Talking Circle monthly, our two webinar series, and are also beginning to offer our longer form trainings.

We are planning a face-to-face meeting for Cohort III and Cohort IV of the Leadership Academy in California this fall. Many of our mentors and mentees have been meeting over Zoom for more than a year and are looking forward to networking with each other and celebrating each other's accomplishments through all the impressive projects they have implemented.

The Tribal Opioid Response Technical Assistance (TA) program, which is part of our ATTC, has continued to offer TA to TOR grantees, and we are impressed with how Native nations implemented Medication Assisted Treatment (MAT) and integrated culturally-informed and experienced-based practices. TOR grantees have shared their success stories in the document Prevention, Treatment, and Recovery Innovations in Native American Communities, available now on our website.

Finally, Co-Director Sean Bear will share his thoughts and insights with us, along with his encouragements to all our relatives in recovery.

Anne Helene Skinstad, PhD

Program Director, National American Indian and Alaska Native ATTC

Recovering During COVID-19

MARY K. WINTERS, MEd

Contributions from KEN C. WINTERS, PhD

Introduction

Dealing with COVID-19 and the subsequent lockdown has posed major challenges to everyone's health and well-being. Following safe guidelines, including getting vaccinated and maintaining good health, are common recommendations from health officials. The pandemic created some unique challenges for those seeking to stay on a recovery path. Will I have access to my doctor and clinic? Will my self-help group still meet? Will telephone check-in calls from my sponsor be an adequate replacement? How will isolation affect me? Will our community receive financial assistance?

Finding solutions to these challenges and persevering in the face of obstacles is a hallmark of Indigenous nations. Often, the wise path of resolve is to appreciate the role of the many sources of support. This sentiment is reflected by "Shooter," a member of the Teton Sioux tribe: "I have seen that in any great undertaking it is not enough for a man to depend simply upon himself."

In the spirit of this newsletter's focus on recovery, insights are offered below from experts and research regarding keys to recovering during COVID-19. One category of approaches is external – the expanded use of technology to counter the challenges of the lockdown. The second is internal – how to leverage resilience to support recovery. Also provided is a list of COVID-19 related resources for tribal communities compiled by the Federal Government's Rural Health Information Hub (Health Resources and Services Administration).

Photo: MIA Studio via Shutterstock



Native American and Alaska Native people in both urban and rural areas can be proud that they have the highest vaccination rate of any major racial or ethnic group. As noted by Loretta Christensen, chief medical officer of Indian Health Service, "This has been a tremendous effort across all of Indian Country to take care of our people."¹

The CDC provided \$219.5 million as of June 2021 to Indigenous nations, consortia, and organizations for responding to COVID-19. They used a multifaceted approach to allocate COVID-19 funding to Native communities, enabling broad access to COVID-19 resources. One set of funds is aimed at supporting nations and organizations in a range of COVID-19 preparedness and response activities (e.g., epidemiology, infection control). Another set of monies is intended to prevent injuries and violence, focusing on suicide, adverse childhood experiences, and intimate partner violence. Prior to this CDC allocation, Native nations received support from funds directed through the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 and the Coronavirus Aid, Relief, and Economic Security (CARES) Act.

The Aid of Technology

1. Telehealth

Use of telehealth during the COVID-19 lockdown provides a vehicle to improve access to addiction care.² Several federal and managed care policy changes have facilitated the use of expanded telehealth to replace face-to-face interaction with virtual contacts and increased access to addiction medications, such as medicine for those with an opioid use disorder. It was the norm during COVID-19 for service providers and support groups to offer virtual connections, and this often included the use of smartphone apps. A related positive change is that Medicare and Medicaid rules are allowing telemedicine consultations for addiction treatment be reimbursed more easily.

Photo: panitanphoto via Shutterstock

2. Virtual Self-Help, AA or NA Meetings

Virtual self-help meetings are a means to support recovery continuity during COVID-19. Anecdotal reports suggest that more individuals are becoming positive about attending a virtual recovery meeting, given that the required technology is not too complicated, assuming sufficient internet bandwidth is available, secure apps and websites are the norm, meetings are typically “synchronous,” and the virtual format has many use-friendly features (e.g., no travel issues, flexible times, several choices).

3. Digital Phenotyping

A new strategy that leverages the unique functionality of smartphone sensors (e.g., GPS) is being used to expand the use of virtual services to improve recovery by predicting relapse risk situations and offering intervention strategies.³ Wearable devices can provide real-time information to potentially prevent relapse by warning an individual when they approach certain situational triggers (e.g., nearing a bar or liquor store) or is experiencing certain negative physiological changes (e.g., electrodermal activity indicative of stress).

Oesterie and colleagues note that service providers are using various modes of telehealth. Recent survey data indicate there are four common modes of telehealth in the treatment of addiction: computerized assessments (45%), telephone-based recovery support (29%), telephone-based therapy (28%), and video-based therapy (20%). Less used tools include texting, smart phone apps, and virtual reality intervention.⁴

Leveraging a Resilient Mindset During Challenging Times

A resilient mindset is a set of attitudes you carry characterized by resilience, which is the capacity to withstand and manage challenges. Specific elements (or the secret sauce) of resilience include having a perspective on life that is realistically hopeful, and exhibiting behaviors that reflect courage and inspiration.

In [*Volume 2, Issue 2 of Mental Health in Our Native American Communities*](#), a checklist of the keys to resilience was offered. These five keys are particularly relevant to recovery:

1. Healthy Expression of Emotions

A healthy expression of emotions and thoughts is important, even the negative ones (e.g., sadness and anxiety). Suppressing emotions can be counterproductive to one's mental health.⁵

2. Limit Exposure to Negative News

Pandemic-related and other negative news can aggravate one's stress.⁶

3. Maintain your Connection to Tribal Culture and Traditions

Whether this means yoga, meditation, attending virtual or safely conducted face-to-face ceremonies, or attending a virtual talking circle or pow wow, strive to keep tribal culture as part of your life.

4. Support Others

It is widely recognized that altruism is a basis for well-being. The pandemic crisis provides an opportunity to initiate unselfish acts to assist others. Examples include: shopping trips for an elder, making or providing masks to others, contributing to food shelves, and participating in virtual community events.⁷

5. Continue with your Recovery Plan

The use of telehealth to continue your participation in recovery services, including self-help support groups, is vital to your health.⁸

A resilient mindset can influence how a recovering person dealt with the pandemic and the lockdown of 2020. Whereas relapse commonly occurs during a person's recovery, it is also common to re-enter recovery again. Those who maintained an attitude of hope, exhibited courage, and provided support to others reduced the likelihood of relapse, and if it occurred, had a quick "re-recovery".

Resilience has been integrated into positive psychology, a field of behavioral science that has been growing in popularity in recent years. Positive psychology takes the "glass half full" approach to personal and societal well-being. Researchers study how positive subjective experiences, positive individual traits, and institutions that promote a positive view of life can improve the quality of individuals and society.⁹ Characteristics of resiliency are synonymous with positive psychology's component of positive individual traits.

One way positive psychology has influenced addiction recovery is the practice of journaling. Journaling involves a guided writing process that supports the maintenance of recovery.² Journaling encourages recovering clients to record the positive experiences with recovery, including how their drug-free plan is positively affecting mood, fostering optimism, and supporting overall health.

Summary

COVID-19 posed many challenges for the recovering person, but there have been a great number of helpful opportunities made available through technology. Even more so, maintaining a resilient mindset, including strengthening ones' relationship with their culture and traditions, appears to be a recipe for successfully staying the course with a recovery plan.



Photo: @spowartmark via 123RF.com

Resources from the Federal Government's Rural Health Information Hub (Health Resources and Services Administration)

The following web site provides several links to COVID-19-related resources for Native communities: <https://www.ruralhealthinfo.org/topics/rural-tribal-health/resources>. We highlight below several of these resources (starting with the most recent).

COVID-19 Resources for Native American Communities

(August, 2021) Presents a number of resources for Native communities pertaining to COVID-19. Features resources for infectious disease control and information about social distancing.

Sponsoring organization: Center for American Indian Health

COVID-19 Tribal Resource Center

(August, 2021) Offers resources and assistance to keep tribes informed on the COVID-19 pandemic and maintain the safety and well-being of tribal populations. Includes updates & communications, community health and advocacy tools, webinars and events, and tribal response plans.

Sponsoring organization: National Indian Health Board

IHS: Coronavirus (COVID-19)

(August, 2021) Information on the federal response to COVID-19 in Indigenous nations. Addresses vaccination, testing, access to personal protective equipment, funding, emergency planning, and service delivery.

Sponsoring organization: Indian Health Service

Native Americans and COVID-19 Vaccine Hesitancy: Pathways Toward Increasing Vaccination Rates for Native Communities

(July, 2021) Highlights vaccination rates, hesitancy, and barriers in Native American communities. Discusses methods of improving vaccination rates in Native nations, including messaging to combat hesitancy.

Author(s): Gabriel R. Sanchez, Raymond Foxworth; Health Affairs Blog

[We Can Do This: American Indian/Alaska Native Tribal Leaders Toolkit](#)

(July, 2021) Resources Native nations can use to build COVID-19 vaccine confidence and promote preventive measures.

Sponsoring organization: US Department of Health and Human Services

[Indian Health Service - COVID-19 Webinar Recordings](#)

(July, 2021) Features a number of webinar recordings of Indian Health Service trainings related to COVID-19. Discusses issues such as emotional well-being, domestic violence, and telebehavioral health in the context of the COVID-19 pandemic.

Sponsoring organization: Indian Health Service

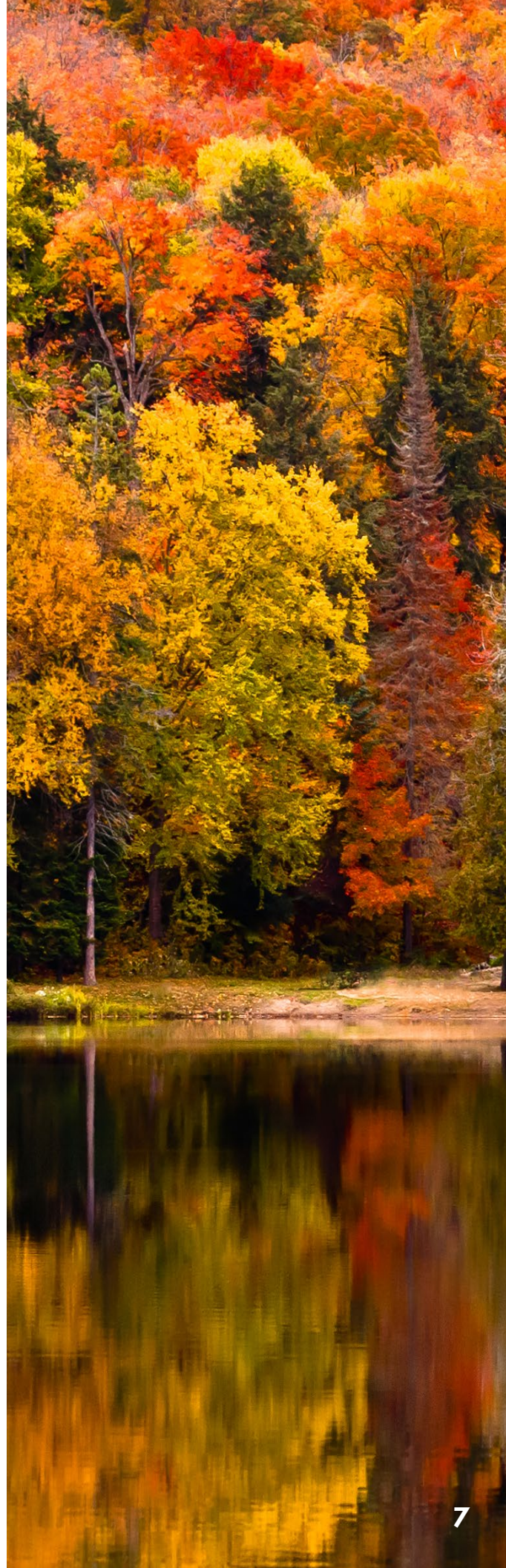
[COVID-19: Toolkit for Tribal Communities](#)

(February, 2021) Guidance and tools from the CDC to help tribal organizations make decisions related to the COVID-19 pandemic, communicate with members, and protect their communities. Includes information on vaccines and vaccination. Offers guidance and planning documents, fact sheets, social media messaging examples, and more.

Sponsoring organization: Centers for Disease Control and Prevention

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Maintaining Recovery in Difficult Times

Perspectives on Recovery in the Midst of COVID-19

Steven Steine, MA, CADC

Given the toll the ongoing shutdowns and restrictions have taken on us all, it is understandable that many of us have struggled to maintain sobriety or to make the best choices for our own health. We would like to share the perspectives of Nate Bigfire and Shirley Holmberg, who are both in recovery, and of Dale Walker, MD, a psychiatrist, on the ways they have experienced or seen others successfully maintain their recovery during this time in the hope that their insights may be encouraging to others.

Nate Bigfire, Ho-Chunk Winnebago

ATTC: Can you tell me a little bit about your recovery over the past year?

NB: I come from the thunder clan people. The Ho-Chunk Winnebago people. Over this last year and a half, we haven't missed a beat. We've been working with our people, recovery, and we've been praying.

And I need to tell what the American government did with our people. They took the responsibility away from the man to teach his children how to hunt, how to fish, how to provide for his home, how to be a Native man in his home. And then the same responsibility with the mother. And then when they did that, then they made us dependent on them; commodities. And, they snuck alcohol in. And no one taught us how to drink as a people. Alcohol was new to us. Then they took our grandpas and grandmas to the boarding school: sexual abuse, mental abuse, physical abuse, even death. So we have all this trauma that we have never healed from, and it's been passed down from father to son. When only 150 years ago we were still living in teepees. So, this is still new to us, and we are still trying to find a way to adjust to this lifestyle. Some of us have done really good, because of traditional homes that they have, with that connection to the mother, and the father, the baby... and our visionaries for our people, you know?

Photo: Rawpixel.com via Shutterstock

ATTC: *This sounds like you're connecting your own recovery to the past and how you came to struggle, and then how you're overcoming. How long have you been alcohol and drug free?*

NB: September 19th, 2012.

ATTC: *Did the pandemic itself affect your recovery or your support network?*

NB: Nope. It didn't affect me one bit. But what it did affect was my workout, because we had the physical, the mental, and the spiritual side. And it did affect going into the gym and taking our clients into the gym, so they could achieve their goals to get them going. Because when they hit their goals in the gym, they're guiding their mind and it brings them out. It makes them happy, releases a natural serotonin and all that good feeling.

ATTC: *So it impacted your ability to go to the gym with your patients and yourself, too. Because it sounds like physical activity and getting into the gym is part of your recovery routine.*

NB: Yes. Personally, I bought weights. But what it did help with was the spiritual side. Sweats, you know ceremonies. It didn't stop us from that part. We kept going, having sweats every Wednesday and taking our people in recovery to the sweat lodge.

ATTC: *Can you tell me more about your recovery support? What helps you stay sober and on track?*

NB: In the morning, I make a prayer with my Creator and I get up and I burn cedar. And I live by Him. I believe in our medicine to the earth, and I believe in our canupa, and I believe in our medicines. So, this is what got me through each and every day. I made my prayer simple. In the day I help our people in recovery, our clients, and when I get home, I say thank you. And I repeat the process all over again (*big laughter*). And then I'm already looking ahead to the people that are gonna come that I'm gonna help. I'm already praying for them. I'm already making a way. And so, an individual comes to me, and I tell them that this is the best way for you to tell Creator what you want. So, we take them out there with tobacco, with the water, by the water, and they tell the creator what they want in their sobriety. What they want to achieve, their goals. I tell them the tobacco story of how the tobacco came to us, what we use it for, a little bit of the creation story. So, I involve a little piece of our culture before I roll that tobacco, and then they lay down and they make a prayer for what they want.



Photo: Jacob Boomsma via Shutterstock

ATTC: *Can you tell me more about the role your Ho-Chunk culture plays in your recovery?*

NB: It is my recovery! (*laughs*) My culture is my recovery! I mean go back to where we started this interview...what they did to us as a people, as they disconnected us spiritually, like this (*separates his closed fists*) took us to boarding schools, to the Catholic ways, and away from worshiping in our own way. Now, this is what our culture is doing (*moves closed fists slowly closer together*).

To connect them to Creator, to connect them to the earth, to connect them to the culture, and to connect them to themselves. What is recovery? Something that you're looking for. But we have found it. It is within us, within our hearts. And so, we must open our hearts up. We must teach them that. That's the doorway. That's the key. And we must help them find that key to open that doorway to the heart. And that's what we're doing. (*Laughs again*). All of this, that's Creator's work. All of this comes with spiritual knowledge. From fasting, and listening to my elders, and my **Ho-Chunk word for peers.** I could never think of this on my own, (*laughs*) you know? I'm just a human being. So, I'm picking up the work where our grandparents left off and moving forward with it.

Dale Walker, MD, Cherokee Nation

ATTC: During the last 18 months, what have you learned regarding how tribes have handled or coped with the difficulties created by the pandemic and resulting lockdown?

DW: My first concern was that American Indian communities and families already have incredible access-to-care problems. When you have people in long-term treatment with supportive care and group therapy, I questioned how effective suddenly placing them into a televideo situation would be. The other problem was protecting the staff. A large number of patients will have to be doing televideo therapy at home on their telephone. My focus was encouraging staff to call the people who need care to let them know that you're thinking of them. We wanted to let them know that we cared about them and ask what their needs are.

ATTC: Including COVID screening?

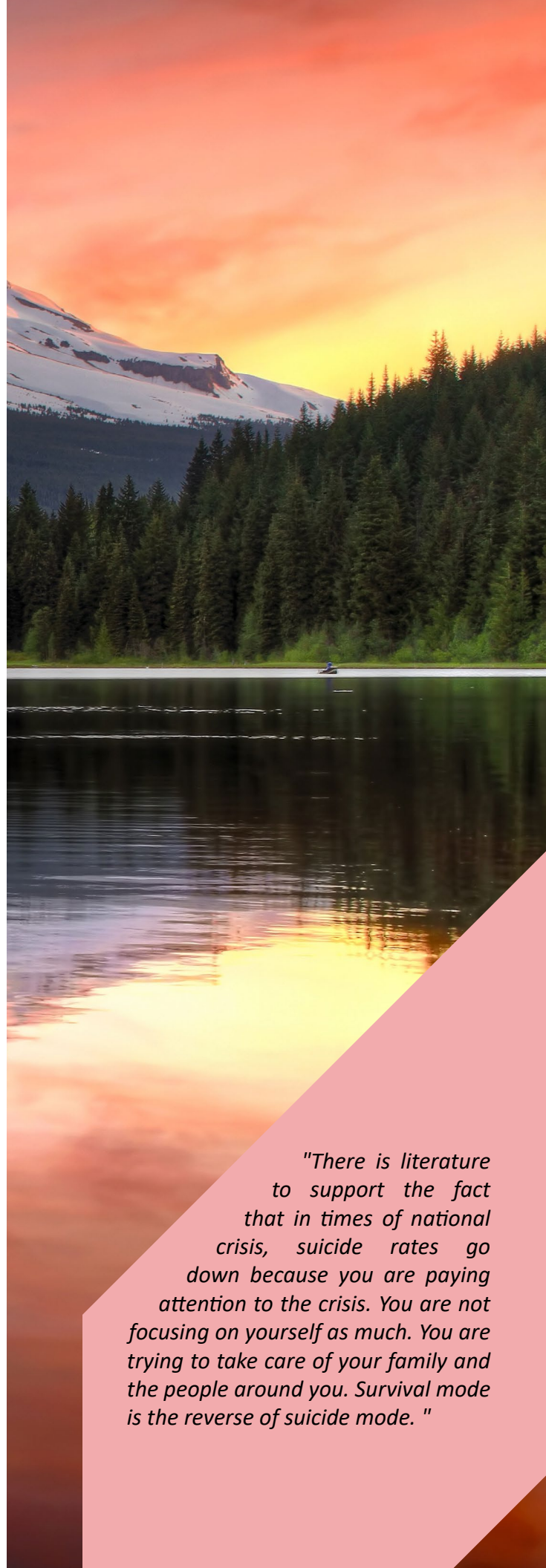
DW: That's right, when you're asking how they're doing what you're really trying to do is look at the social determinants and understand their needs. For instance, on Navajo. There are many who live far away. When they go shopping and get their paychecks, they all get in one pickup truck and go together. Of course, COVID is going to spread.

ATTC: That would be a social event for many.

DW: That is another reason why we wanted to make telephone calls social. We were also worried about extra problems like suicide. While there was an increase in suicidal ideation, there was not an increase in suicides in Indian country. There is literature to support the fact that in times of national crisis, suicide rates go down because you are paying attention to the crisis. You are not focusing on yourself as much. You are trying to take care of your family and the people around you. Survival mode is the reverse of suicide mode. By the way, another thing we did for the staff was hold support Zoom meetings and asked how people were doing. Zoom meetings over 18 months had over 11,000 participants.

ATTC: I noticed they were extremely high numbers.

DW: I think it's reportable and it's probably unique. Similarly, we wanted the staff of alcohol and drug programs to be feel supported and to be able to ask those silly questions that we all have.



"There is literature to support the fact that in times of national crisis, suicide rates go down because you are paying attention to the crisis. You are not focusing on yourself as much. You are trying to take care of your family and the people around you. Survival mode is the reverse of suicide mode. "

Photo: davidgn via 123RF.com

ATTC: Like how can we help.

DW: Yeah. What can you do to help, because they were burning out right and left. They needed to go beyond what they do day-to-day with patients.

ATTC: Let's take the other side. What's a lesson learned that next time around you might do differently?

DW: I think that we, across Indian country, need to have better anticipatory plans. Plans for how to protect the staff, protect the community, provide a place to live, make sure they have food and access to their families. Those are the things we don't think about until it occurs.

We should be building an infrastructure, building major facilities for addiction and mental health care. When I spoke to the Indian physicians, I said they need to get out of their offices and tell people in planning what they need. Our addictions people need to do the same.

ATTC: You gave some good examples already of how the health community was responding. What about the schools?

DW: I did some work nationally with schools in trying to help manage clusters. Many schools did a bifurcated approach where people came in and could mask and be in a very small group to prevent spacing problems. It's going to be a big focus this school year and we are just now getting into it with Delta. It's a scary time.

ATTC: Is there any other insight on the topic of COVID and addiction that we haven't gotten to?

DW: People with addiction disorders are just windswept with this COVID problem. They still have the same problems from before COVID. It is easy to overlook them. It's not an accident that racism has shown its head during the pandemic. Or that we've had more violence, more murders in Indian country. What I think is happening is COVID exposes all these other ugly things.

ATTC: In some ways you're saying the best way to treat addiction is a microcosm of how larger society needs to heal itself and be healthy.

DW: Yeah. I remember going to one tribe and they treated me beautifully. They did a welcoming ceremony, they had a dance; at the end, my first recommendation was: treat your patients like you treated me. Welcome them into the tribe. It helps them understand you want to treat these people like humans instead of failures. After all, isn't that what tribes want? To be respected, to have control of their life. That's exactly what the patients are asking for. If we could marry that, it might be helpful to get through the process.

Photo: James Kirkikis via Shutterstock

Shirley Holmberg, Athabascan

ATTC: Tell me a little bit about yourself.

SH: Okay. My name is Shirley May Holmberg. I'm 3000 years old (*laughs*). I'm 69 years old. I was born in Tanana, Alaska. I come from the middle people. I have a master's degree in rural development. I've done all types of work in our regional nonprofit Tanana Chiefs Conference. We have 42 villages taking part, and I have done work in at least 39 of those communities.

ATTC: Can you tell me about your recovery?

SH: My recovery during COVID the last year and a half? Because everything was shut down, I spent a lot of time at home. I have my significant other, and my son. Immediate family members that live with me got to hear whatever I was going through, and I encouraged them to talk to me about what they're going through. We're all pretty good about spilling our guts now. No subject is off limits. Thank God. In my recovery my mother encouraged that. She always told us, get it out, cry if you need to. She heard all about my sexual abuse and all that; for my grandson I must explain things in little increments because it can be overwhelming.

But my immediate family members know just about everything about me currently. If I experience something that's uncomfortable, I try to hold it in. My oldest brother just passed away April 20th. I have an older sister, and I had 2 younger sisters. One died right before COVID. You know we are so close that we call each other all the time. I called my mom up every day until the time she died. My sisters, we commiserate, we call each other.

In the last year and a half there have been multiple deaths. Some from COVID, some from alcohol, drug overdose, suicide; some of my friends said we don't even get to grieve one death and do our ceremony for that person, and then somebody else goes. And then again, our ceremonies have had to change because of COVID. For me that's a big part of my sober life.

ATTC: Can you talk about how the pandemic affected your recovery?

SH: I started getting closer to family and friends and utilizing using social media too. If you look at my Facebook page, I get personal in there. I got depressed during COVID and I needed more than what was available to me. And my behavior changed; everybody was changing.

My partner and I processed all the time, we talked about everything. I cry anytime I want to now. Prayer is very important. And burning sage now and then. I grew up around a lot of Natives from outside, and I got to go to ceremonies, and I love sage.

I try to keep busy. I started planting last year, and I'm learning how to harvest sunflowers. I'm doing things outside more. Going out and about, like we went to the hot springs, we went berry picking last year. We went to the water all the time.

ATTC: Can you tell me about the role your culture has played in your recovery, especially over the pandemic?

SH: You know we live in our culture, right? Every day is part of our culture. We've had to get creative, to let our culture evolve a little bit. Because during COVID we can't do what we normally do: hugging, cooking, dancing, and singing together. Facebook is an awesome tool because everybody I know that's connected to us is on Facebook. And if their mom or dad is not on Facebook, they will tell them what's going on. For my mom, we're supposed to do a potlatch, we've been trying to do it since she died. But we couldn't do it one year because my sisters weren't ready, next year because my sister died, the next year we couldn't do it because of COVID. So, we've gathered gifts, and put it all on Facebook. We said that we're going to be giving things away, we're going to bring things to your home. We had to hand-carry things, to tell the recipient thank you, thank you for loving our family and helping us during our hard time, and we want to give this to you, we appreciate you.

Listen, Carefully

*When you listen to
voices in the wind, be
careful what you take into
your heart.*

*There are those that may be
driven by desire, while the other by
truth.*

*A heart can become as black coal while
there are those that are as white as snow.*

*One brings confusion while the other
comfort. You see, darkness thrives in fear as
light in truth.*

Sean A. Bear I

RECENT ACTIVITIES & UPCOMING EVENTS

2nd Monday of the month	Virtual Native Talking Circle: Staying Connected in Challenging Times Register for future sessions at this link.
1st Wednesday of the month	Essential Substance Abuse Skills webinars: Click here to view a playlist of recorded webinars. Future sessions will be announced on our email list.
3rd Wednesday of the month	Behavioral Health webinars: Click here to view a playlist of recorded webinars. Future sessions will be announced on our email list.
10/13-16 10/24-27	Conferences our staff will be presenting workshops or posters: National Indian Education Association Annual Convention American Public Health Association (APHA) Annual Meeting
	These training series will be offered beginning in October: Culturally Adapted Clinical Supervision - click here to learn more about this series! Alcohol and Drug Exam Review - click here to learn more about this series! If you would like find out more, or offer these trainings in your area, email Steve Steine at steven-steine@uiowa.edu .

TRIBAL OPIOID RESPONSE EVENTS

2nd Wednesday of the month	Sharing and Caring through Technology Register for future sessions at this link.
4th week of the month	TOR Monthly Webinars: Click here to view previous sessions. Future sessions will be announced on our email list.
October 19	TOR California Regional Meeting. Register.
November 16	TOR Portland and Alaska Regional Meeting. Register.

To ensure that you receive announcements for all of our events, publications, and trainings, [join our email list!](#)



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Colors of Life

Colors can be a wonderful thing in defining - not just in nature but the colors within and of spirit
Just as in dreams we may have, so too does color carry multiple meanings of the same

Red is of power and hatred, yet blood may foresee death
The eyes of hatred may carry dangers yet bouncers carry them back

Blue is of a mirror's sight and of sadness, yet skies may be dark of night
The brightness protects and may carry thunders and lightning

Black has the potential to hide goodness, yet an abyss makes for a hard fall
The unknown may be hard to navigate and home is just a whisper away

White is cold as ice, yet even a blizzard is hidden in snow
Knowledge of old holds the secrets and ancient stories buried in time

Yellow is of dawning breath who walks the earth, yet too much sun may melt even rock
Healing comes in many ways from nature, medicines, and the Creator

Green is the balance in life, yet even green snakes carry a danger
Female power is hidden in the mother, who awaits the return of her children

Sean A. Bear I



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